

Petitioner

IV-D Case: ☐ TANF
☐ IV-E Foster Care
☐ Medicaid Only
Respondent ☐ Former Assistance
☐ Never Assistance
Non-IV-D Case: ☐

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

State with Continuing Exclusive Jurisdiction (CEJ) _____

Response Needed by _____ (Date)

I. Action

1. ☐ Provide/Obtain Copies of Documentation
☐ Certified Copies of Orders ☐ Financial Statement
☐ Payment Records ☐ Other _____
2. ☐ Provide Assistance with Service of Process (See Attached)
3. ☐ Provide Assistance with Genetic Testing (See Attached)
4. ☐ Obtain Answers for Interrogatories (See Attached)
5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. ☐ Obtain Party Signature on Attached Form (See Attached)
8. ☐ Other: _____

Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

Date Initiating Contact Person (Print or Type) (_____) Telephone Number & Extension

Fax: (_____) _____ E-mail: _____

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

Petitioner IV-D Case: ☐ TANF
☐ IV-E Foster Care
☐ Medicaid Only
Respondent ☐ Former Assistance
☐ Never Assistance
Non-IV-D Case: ☐

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Tribunal No. _____

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Tribunal No. _____

State with Continuing Exclusive Jurisdiction (CEJ)

ACKNOWLEDGMENTS

To be Completed by Responding Agency and Returned to Initiating Agency

- ☐ Request Received and No Additional Information is Necessary
☐ Additional Information Needed (See Remarks)
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker _____

Agency Name _____

Address, FIPS Code _____

Phone & Extension _____

Fax _____

Date _____

Person Completing Form (Print or Type) _____

(_____)

Telephone Number & Extension _____

Fax: (_____) _____ E-mail: _____

INSTRUCTIONS FOR CHILD SUPPORT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY

PURPOSE OF THE FORM: The CSE Transmittal #3-Request for Assistance/Discovery is designed for use when the requesting jurisdiction is working its case locally (e.g., by long-arm jurisdiction) and needs limited assistance from another jurisdiction, but does not want the other jurisdiction to open a IV-D case. Sections 316 and 318 of the model version of UIFSA contain specific provisions that allow a tribunal to receive evidence from another State and to obtain discovery through a tribunal of another State. The form can also be sent electronically using the appropriate CSENet transaction.

When a jurisdiction receives a CSE Transmittal #3-Request for Assistance/Discovery from another jurisdiction, it should not open a IV-D case; it should only provide the limited assistance requested. By contrast, the CSE Transmittal #1-Initial Request is designed for use when the initiating State is requesting the responding State to open a IV-D case.

HEADING/CAPTION (Pages 1 & 2): The jurisdiction requesting assistance/discovery determines the heading. Note that the heading appears on both page 1 of the **Child Support Enforcement Transmittal #3** and on page 2, the **Acknowledgment** page.

- Identify the petitioner and respondent in the appropriate spaces. Include full name and Social Security Numbers for both parties. Include a **verified** address for the respondent.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- In the space marked "To:", list the name and address (street, city, State, and zip code) of the agency or court where you are sending the CSE Transmittal #3.
- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The "responding" jurisdiction is the jurisdiction that receives the request for assistance.
- In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- In the appropriate spaces, enter the Initiating jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The "initiating" jurisdiction is the jurisdiction that is requesting assistance.
- In the designated space, note the State which you believe has continuing exclusive jurisdiction (CEJ), if known. Under UIFSA, a State that issues a child support order maintains CEJ as long as the obligor, obligee, or child(ren) reside in that State, or until each

party files written consent allowing another State to assume CEJ. If there are multiple orders governing the same obligor, obligee, and child(ren), UIFSA contains rules for determining which order is controlling. The tribunal that issued the controlling order has CEJ as long as the conditions for CEJ are met. CEJ means the authority to modify the order.

- In the space marked "Response Needed by" enter the date by which a response is needed.

SECTION I, ACTION: Check the appropriate box(es) to indicate which actions are requested. Multiple actions may be requested, as appropriate.

- Check **item 1** "Provide/Obtain Copies of Documentation" to request copies of documentation. Check appropriate box(es) to indicate the type of documentation: certified copies of orders, payment records, financial statement, or other (describe on blank line). In Section II "Additional Information", describe your request and provide background information necessary to identify the requested documents.
- Check **item 2** "Provide Assistance with Service of Process" if you are requesting assistance with service of process. You may directly contact (via phone, fax, or other means) the sheriff, or other appropriate official, in another jurisdiction to request personal service of process. Send the Request for Assistance/Discovery only if such attempts have been unsuccessful. Attach such documentation as necessary for service of process.
- Check **item 3** "Provide Assistance with Genetic Testing" if you are requesting assistance with genetic testing. Include in section II or attach any necessary information or materials, including names of genetic testing laboratories, protocols to be followed, testing kits, etc.
- Check **item 4** "Obtain Answers for Interrogatories" if you are requesting completion of interrogatories. Attach the interrogatories.
- Check **item 5** "Provide Assistance with Teleconference for Hearing or Deposition" if you are requesting assistance in scheduling a teleconference for a hearing or deposition. Attach copy of hearing notice or deposition.
- Check **item 6** "Obtain Financial Data/Proof of Respondent's Income" if you are requesting financial data or proof of the respondent's income. Explain your request in Section II or an attachment.
- Check **item 7** "Obtain Party Signature on Attached Form" if you are requesting assistance in obtaining a signature. Attach forms which require signatures. Request assistance with obtaining a signature only after you have attempted and failed to obtain the signature yourself.
- Check **item 8** "Other" if the reason you are requesting assistance or discovery is not listed above. On the blank line, indicate the assistance needed; be as specific as possible.

If you are requesting only "quick locate", do not use this form. Instead, use the Locate Data Sheet, or CSENet if you are using an electronic format.

If you are requesting that the tribunal in the other State compel a person over whom it has jurisdiction to respond to a discovery order issued by a tribunal of another State (in accordance with section 318 of the model version of UIFSA), attach certified copies of the discovery order.

SECTION II, ADDITIONAL INFORMATION: In a narrative format, indicate any other information that will be useful in processing your request. Provide any necessary identifying information and background information about why the request is being made, including: (1) information on the nature of the pending action (e.g., paternity, support, modification, enforcement, etc.) and (2) the reason assistance from the other jurisdiction is needed.

At the bottom of page 1, provide a specific worker's name, a direct telephone number (with extension if necessary) fax number and e-mail address to expedite communications between jurisdictions.

PAGE 2, ACKNOWLEDGMENT: Upon receiving a request for assistance on a CSE Transmittal #3, the receiving State completes the Acknowledgments section on page 2. The Acknowledgment can be used to provide information in response to a request received via the CSE Transmittal #3, or to indicate when (how many days or on what date) the requested information/action will be provided. The jurisdiction sending the Acknowledgment should indicate where the case has been referred for action, and the name, telephone, fax number and e-mail address of a contact person.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.